Commonwealth of Virginia Department of Professional and Occupational Regulation 3600 West Broad Street Post Office Box 11066 Richmond, Virginia 23230-1066 (804) 367-8511 www.dpor.virginia.gov



## **Board for Contractors** CLASS C LICENSE APPLICATION (Short Form)

A check or money order in the amount of \$175.00, payable to the TREASURER OF VIRGINIA, or a completed credit card insert for \$175.00 must be mailed with your application package.

## IMPORTANT NOTE: APPLICATION FEES ARE NOT REFUNDABLE.

Who may apply with this form? You may use this form to apply for a Class C license provided that none of the Responsible Management listed in #13 or Qualified Individuals listed in #11 have a past criminal history; past disciplinary history against any licenses held in Virginia or any other jurisdictions; or any adverse financial information (for example, past due debts, judgments, outstanding tax obligations or defaults on bonds).

## YOU MUST COMPLETE ALL ITEMS OF THIS APPLICATION OR IT WILL BE RETURNED TO YOU FOR COMPLETION, WHICH WILL DELAY A DECISION REGARDING THE APPROVAL OF YOUR LICENSE APPLICATION.

1.	Business/Sole Propr	ietor's Name							
2.	Trade or "Fictitious"	Name							
3.	Federal Employer Id	entification Numbe	er						
	<i>Sole Proprietor's</i> S	ocial Security No.							
4.	Street Address (PO	Box <u>not</u> accepted)							
	City, State, Zip Code	)							
5.	Mailing Address								
	City, State, Zip Code	)							
6.	E-mail Address								
7.	Telephone & Facsim	ile Numbers	( )	-	(	) -	(	) -	
			Telep	hone		Facsimile	В	eeper/Cellula	ar
8.	Type of business (se	elect only <u>one</u> )							
	Sole Proprietorshi	•	Limited Part	nership 🔸			3	ompany •	
	General Partnersh	nip 🗌	Association			Corpora	ation ◆		
	our business is a Lim gistered with the Virgir								
OFFICE	DATE	FEE	CLASS OF FEE	0.7.0	LICE	NSE NUMBER		ISSUE DAT	E
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	Off	ico Lleo Only							
	SCC	ice Use Only ETS	EFN						
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a	ot applying for a change of license member of Responsible Managel omplete the following information	ment complete an eight	hour b	ousiness clas	ss approved by	the Board for (		
Name	omplete the following information	on the manada who he	35 540	occording con	iipiotod tiiis ro	quii omoni.		
ivaille	First	Middle		Last	Gener	ration Bir	thdate	
Social S	ecurity Number*		Cour	se Provider				
Complet	tion Date	<u> </u>						
three-le	s a list of the license classification tter code to be entered when cor classifications and designations r	npleting the Qualified In	dividu	al table #10.	A definition o	f the type of wor		
AES Alternative energy systems ASB ASB ASbestos PAV Asphalt paving & seal coating BSC Billboard/sign BEC Blast/explosive BLD Building CIC Commercial improvement CEM Concrete ELE Electrical ESC Electronic/communication service EEC ELECTORY Elevator/escalator EMW Environmental monitoring well ENV Environmental specialties EMC Equipment/machinery		FAS Fire ala SPR ** Fire spi FSP Fire suj GFC ** Gas fitt H/H Highwa HIC Home i HVA ** HVAC ISC Landsc LSC Landsc LAC ** Lead al LPG ** Liquefie MCC Marine	Fire alarm systems  PR Fire sprinkler  Fire suppression  FC Gas fitting  Highway/Heavy  HOME improvement  HVAC  Landscape irrigation  EC Landscape service  AC Lead abatement  PG PG Marine facility			BRK Masonry MBC Modular/manufactured bldg NGF Natural gas fitting provider PTC Painting & wall covering PLB Plumbing RMC Radon mitigation RFC Recreational facility REF Refrigeration ROC Roofing SDS Sewage disposal systems POL Swimming pool construction VCC Vessel construction WWP Waterwell/Pump		
Indicates that additional certification, licensure and/or testing may be required for the classification/specialty.  10. List the classification/designation for which you are applying and one Qualified Individual for each classification/designation. The Qualified Individual must have at least two years of experience in the selected classification or designation.								
prov Trad	lified Individuals for the electrical vider classifications must hold a lesman Program. This individual r ons listed as Responsible Manage	current Master Trade nust be a full-time emplo	sman	Card issued	l by the Virgi	nia Board for	Contractors	
3-letter Code	Last Name	First Name	MI	Years of Experience	Social Security No.	(if applicable) VA Tradesman License No.	Birth Date	
						2710		
						2710		
						2710		
						2710		
						2710		
c p C p	Three references that will attest lassification(s) and/or specialty de rovided or the application will be CLASSIFICATION/DESIGNATION lease attach an Additional Quadividual.	esignation(s) entered ne e returned to you for c listed in #9. If you	xt to to omple are ap	heir name in tion. Three oplying for n	table #9. All or references more than one	contact informat just be provided e classification/d	ion must be d for EACH designation,	

9. Effective with all applications received on or after August 21, 2006, all business entities applying for a license, that are

Name

Telephone Number

Street Address, City, State, Zip Code

				(	) -				
12.	List the name of any individual who would be considered Responsible Management of your business. Responsible Management would be the owner of a sole proprietorship, partners of a partnership, managing partner or member of a limited liability company, officers/directors of an association or officers of a corporation.								
	Individual's Full Legal Name	Title	Addı	ress	Social Security No.				
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13.	Does your business, or any of the individuals named on this application (not including the references listed in hold a current (unexpired) or expired contractors license, certification or registration issued by another sta locality?  No  Yes  If yes, complete the following table.								
	Business Name AND Individua	l's Full Logal Namo	State	License, Certification or Registration No					
	Dusiness Name AND individua	is ruli Legal Name	State	or Registration No	. Date				
14. Do you and all members of your Responsible Management listed in #11 understand that all Class C Contractors must comply with the local licensing requirements of all counties, cities and towns in which work is performed?  Yes No IF NO, THIS APPLICATION CANNOT BE PROCESSED.  By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.									
15.	15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that none of the individuals listed on this application have been convicted of any crime in any jurisdiction; been subject to any disciplinary action against any license from any jurisdiction; or have had any past due debts or judgments, outstanding tax obligations or defaults on any bonds. I further certify that I will notify the Department if the business, the qualified individual(s), or any member of responsible management are subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to the receipt of the requested license. I certify that I am a member of responsible management as defined in 18 VAC 50-22-10 of the Board for Contractors regulations and am authorized to bind the applicant to contracts and other legal obligations. I also certify that I understand, and have complied with, all the laws of Virginia related to contractor licensure under the provisions of Title 54.1, Chapter 11 of the <i>Code of Virginia</i> , and the <i>Board for Contractors Regulations</i> .								
	<b>Responsible Management</b> (sole proprietor, partners of a general partnership, managing partner of a limited partners officers/directors of an association, managers/members of a limited liability company, or officers of a corporation)								
	Name SS# DOB _								
	Signature	Title		Date					

<sup>\*</sup> State law requires every applicant for a license, certificate, registration, or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.